::	hrough 1734/2009; Carrieria Under the Paperson	Reduction &		Appr	Oved for seed in.	PTO/SB/06 (06 DUCH 7/31/2005, OMB 0651-0 DEPARTMENT OF COMMER SYS & York OMB control num
 	PATE	reduction Act of 1995, no pe	rsons are required to respo	nd id a collection and Tradem	erk Office: U.S.	MON 7/81/2006, OMB 0651-0
me minu	FAIL	HT APPLICATION &	EE DETERMINAT	ON DECOME Informatik	m unless it displ	BY A YALK ONE OF COMMER
· · ·		Substitute	for Form PTO-875	AN VERNIN	Agnitor	שיוים ופקלינייון ופאליני לי שיוים
					_ 1 18	ピプロアニダビノ
	1	CLAIMS AS FILED - F	'ART I			
• .		(Column 1) (Column 2)		014444		OTUE
٠	FOR .		· (colonal 2)	SMALL ENTITY	r or	OTHER THAN
	BASICFEE	NUMBER FILED	NUMBER EXTRA			SMALL ENTITY
	(37 CFR 1.16(a))	1		RATE FE	<u>E</u>	DATE . W.
•	TOTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·		1		RATE FEE
•	(37 CFR 1.16(c))	minus 20 =			OR	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))			X \$ c	1 00	
	(37 CFR 1.16(6))	. minus 3 e	•		OR OR	X \$ =
	MULTIPLE DEPENDENT	N. A. M. M. A. M.		X 4 =	OR	v.
	THE CHOCK!	CAIM PRESENT (37 CF	R 1.16(d))			^3=
	1 If the difference to setup			+1	OR	+•
	" are attricted to colum	nn 1 ls less than zero, enter Y	" In column 2.	TOTAL	٠, ١	
. •		·		TOTAL	OR :	TOTAL
	J CLAIR	MS AS AMENDED - PA	ARTII	• •	•	
		Column 1).	Column 2) (Column 3)	SMALL	^^	OTUCA
		CLAIMS HI	GHEST	SMALL ENTITY	OR .	OTHER THAN
	[ E   /   /   /   m	VELLE - CRA 1-12-14	MBER	PRITE - PARISE		SMALL ENTITY
	I III VELLULII DAM	ENDITOR 1 1 110	VIOUSLY EXTRA	TIONAL	7 P.	HATE ADDI-
	O DTORR 1.16(c)	Minus "	7) A	FEE	1 1.	TIONAL
· .	Z Independent		ا — <sup>-</sup> ال)لاث	x: 25	7 F	FEE I
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•	A some	<del> </del>	713	x s/00=		
<b>.</b>	FIRST PRESENTATION	OF MULTIPLE DEPENDENT CLA	IM (37 CFR 1.16(d))		OR-X	200= (d)
•		<del></del>	(0. 0.17.1.10(0))	+1/80=	OR +	360
				TOTAL		
	(0.1			ADD'L FEE	OR AC	DO'L FEE
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		tananta Int. I HIV	(EST		7	PATN
- 1	Z	FTER POEM	BER PRESENT.	RATE ADDI-		AEZ/
**************************************		NOMENT PAID	FQB	TIONAL		RATE ADDI-
	1 o(s)	Minus **	=	FEET BELL	POLICE TO A NORTH	TIONAL
1	Z Independent	Minus •••		X \$		
	(3) (3) (46(6))	444102	=	3	OR X3	===
I	FIRST PRESENTATION OF	P 4 H M	·	X \$	OR X S	
t t	The section of	F MULTIPLE DEPENDENT CLAIM	(37-CFR &16(d))	THIS		
				TOTAL	"TOR" "+"	traditional contract of the
			•	ADD'L FEE	TOT	AL
· L	. (Colur	mn 1)			OR ADD	LFEE
		(COIU:	nn 2)(Column 3)	•		•
	DEMA	INING NIME	ER PRESENT		, V	24.
	Z AFT	EK I toomen	USLY EXTRA	RATE ADDI-		ATE ADDI
I	Total .	PAID F		TIONAL	- ' '	TIONAL
`;	(37 CFR 1/16/cl)	Minus **			ļ	FEE TOWAL
]	M profit (1.160)	Minus ***		X \$	00	
1	Total AMENC  Total Grore 1,1cctl  Independent Grore 1,1cctl	minus .			. OR . X 5_0	==
1	FIRST PRESENTATION	ing way a second	<del></del>	X \$ =	OR X s	
·	CHIARON OF	MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))	+1 =		=
· 1					OR +	
			,	TOTAL VDO'L FEE	TOTAL	
	" II the enior in military in					
·  .	If the entry in column 1 is "If the "Highest Number Pr	less than the entry in column eviously Paid For IN THIS SP aviously Paid For IN THIS SP	2, write *0* In column 3.	L	OR ADD'L	FEE

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTU to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.13. This collection is estimated to take 12 minutes to complete, including pathedria, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.